



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 015-226	2. PERIOD COVERED MO DAY YEAR From 07 01 2000 Through 06 30 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
DANIEL WALBRUN (2) 015-226 330 CARPENTERS AFL-CIO DC MIDWESTERN INDUSTRIAL 404 N MAIN ST STE 695 OSHKOSH, WI 54901 103 6/2001 				8. MAILING ADDRESS (Type or print in capital letters.) First Name DANIEL Last Name WALBRUN P.O. Box • Building and Room Number (if any) Number and Street 404 N. MAIN STREET SUITE 103 City OSHKOSH State WI ZIP Code + 4 54901-
4. AFFILIATION OR ORGANIZATION NAME CARPENTERS				
5. DESIGNATION (Local, Lodge, etc.) District Council		6. DESIGNATION NUMBER		
7. UNIT NAME (if any) Midwestern Industrial Council				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No				
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number 14 wipfli Ulrich Bertelson				
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED: Lawrence D Gelot 9, 7, 01 (920) 426-2700 Date Telephone Number		77. SIGNED: Daniel R Walbrun Exec Sec / Treasurer 9, 10, 01 (920) 426-2700 Date Telephone Number		

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?

Yes No
X

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

X

12. Have a political action committee (PAC) fund?

X

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

X

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

X

15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.)

X

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

X

17. Liquidate or reduce any liabilities without disbursement of cash?

X

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period?

8069

19. What is the date of your organization's next regular election of officers?

MO YEAR
04 2002

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

240000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 9.97 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 5.00
(c) Transfer Fees	\$ 0.00
(d) Work Permits	\$ 0.00 per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No
X

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?

X

24. Did your organization have any contingent liabilities at the end of the reporting period?

X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 015-226

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....		779,370	698,862
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	0	3,000
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	315,546	442,875
	30. Fixed Assets.....	5	86,311	98,824
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		1,181,227	1,243,561

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....		0	0
	34. Loans Payable.....	8	0	21,163
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	1,726	22,826
	37. TOTAL LIABILITIES.....		1,726	43,989
	38. NET ASSETS (Item 32 less Item 37).....		1,179,501	1,199,572

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 015-226

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		0	56. To Officers	9	69 235
40. Per Capita Tax		939 375	57. To Employees	10	304 002
41. Fees		4745	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	100 782
44. Work Permits		0	61. Educational & Publicity Expense ...		0
45. Sale of Supplies		0	62. Professional Fees		42 418
46. Interest		43956	63. Benefits	11	246 398
47. Dividends		0	64. Contributions, Gifts & Grants	12	1 795
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	25 000	66. Direct Taxes		41 620
50. Loans Obtained	8	24 418	67. Withholding Taxes		187 500
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	221 109
52. On Behalf of Affiliates for Transmittal to Them		246 916	69. Loans Made	1	3 000
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	3 255
54. Other Receipts	14	341 653	71. To Affiliates of Funds Collected on Their Behalf		226 095
			72. On Behalf of Individual Members ...		0
			73. Other Disbursements	15	259 362
55. TOTAL RECEIPTS		1 626 063	74. TOTAL DISBURSEMENTS		1 706 571

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 015-226

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>Local Union 832, Beatrice Nebraska</u> Purpose: <u>Operating Expense of Union Hall</u> Security: <u>Sale of building</u> Interest principal payable <u>within 30 days of sale of building</u> Terms of Repayment: <u>building</u>	0	3,000	0	0	3,000
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	3,000	0	0	3,000
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	430,101
2. Total Book Value	442,875
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) 1,202 shares Firstar Equity Index Fund	96,542
(b) 18,815 shares Firstar Balanced Income Fund	200,566
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	442,875
Enter the Total from Line 7 in Item 29, Column (B)	

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SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Amount due to local union	22,547
2. Payroll-related withholdings	279
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	22,826
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 015-226

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	207,759	117,633	90,126	90,126
6. Office Furniture and Equipment	71,198	63,530	7,668	7,668
7. Other Fixed Assets Leasehold Improvements	5,041	4,011	1,030	1,030
8. Totals of Lines 1 through 7	283,998	185,174	98,824	98,824
<p>Enter the Total from Line 8, Column (D) in Item 30, Column (B)</p>				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. AT&T 6.75% Corporate note	25,918	25,918	25,000	25,000
2. 1994 Buick Lesabre	16,545	0	0	0
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	42,463	25,918	25,000	25,000
		7. Less Reinvestments		0
		8. Net Sales		25,000
<p>Enter the Total from Line 8 in Item 49</p>				

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Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. 2 automobiles	47,696	47,696	47,696
2. Citizens Utilities Co. 7.45% note	35,709	35,709	35,709
3. MBNA American Bank 7.25% note	25,179	25,179	25,179
4. AT&T 6.75% note	25,918	25,918	25,918
5. Totals from additional pages (if any)	86,607	86,607	86,607
6. Totals of Lines 1 through 5	221,109	221,109	221,109
	7. Less Reinvestments		0
	8. Net Purchases		221,109
Enter the Total from Line 8 in Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. GMAC vehicle loan	0	24,418	3,255	0	21,163
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	24,418	3,255	0	21,163
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 34 Column (C) </div> <div> ↑ Item 50 </div> <div> ↑ Item 70 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 34 Column (D) </div> </div>					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 015-226

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*					
1. PELOT Last Name: PELOT, First Name: LAWRENCE Title: PRESIDENT, Status: C		1244	0	625	0	1869
2. KLEIN Last Name: KLEIN, First Name: DANIEL Title: VICE PRESIDENT, Status: P		1131	0	743	0	1874
3. WALBRUN Last Name: WALBRUN, First Name: DANIEL Title: EXEC SEC TREAS, Status: C		67600	0	4549	0	72149
4. ROBERTS Last Name: ROBERTS, First Name: KEVIN Title: CONDUCTOR, Status: C		1057	0	635	0	1692
5. HARTMAN Last Name: HARTMAN, First Name: KEITH Title: WARDEN, Status: C		1416	0	1043	0	2459
6. MCMULLEN Last Name: MCMULLEN, First Name: BRIAN Title: TRUSTEE, Status: C		1706	0	1676	0	3382
7. NOWITZKE Last Name: NOWITZKE, First Name: ROGER Title: TRUSTEE, Status: P		1558	0	919	0	2477
8. Totals from additional pages (if any)		2,843	0	1,411	0	4,254
9. Totals of Lines 1 through 8		78,555	0	11,601	0	90,156
				10. Less Deductions		20921
Enter the Total from Line 11 in Item 56 ⇨				11. Net Disbursements		69235

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 015-226

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. <small>Last Name</small> CHRISTENSON <small>First Name</small> GIG <small>Position</small> BUSINESS REP <small>Name of Affiliated Organization</small>	48725	0	4391	0	53116
2. <small>Last Name</small> COENEN <small>First Name</small> GREG <small>Position</small> BUSINESS REP <small>Name of Affiliated Organization</small>	49380	0	2715	0	52095
3. <small>Last Name</small> KERN <small>First Name</small> DON <small>Position</small> BUSINESS REP <small>Name of Affiliated Organization</small>	41500	0	4733	0	46233
4. <small>Last Name</small> SCHULTZ <small>First Name</small> LOWELL <small>Position</small> BUSINESS REP <small>Name of Affiliated Organization</small>	49400	0	2085	0	51485
5. <small>Last Name</small> ADAMS <small>First Name</small> JAYNE <small>Position</small> ORG DIRECTOR <small>Name of Affiliated Organization</small>	54600	0	6294	0	60894
6. Totals from additional pages (if any)	166,810	0	11,039	0	177,849
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	21,116	0	7,793	0	28,909
8. Totals of Lines 1 through 7	431,531	0	39,050	0	470,581
			9. Less Deductions		166579
Enter the Total from Line 10 in Item 57 →			10. Net Disbursements		304002

SCHEDULE 11 — BENEFITS

FILE NUMBER: 015-226

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension Plan	UBC/WI carpenters	89,608
2. Health Insurance	WI Carpenters	63,814
3. Medical Expenses	Various	5,289
4. Strike Benefits	various union members	83,930
5. Total from additional pages (if any)		3,757
6. Total of Lines 1 through 5		246,398
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Various Contributions	1,795
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1,795
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Telephone	22,369
2. Auto Expense	11,677
3. Union Organizing	7,742
4. Rent and Utilities	13,680
5. Printing & Newsletters	24,009
6. Office Supplies	9,859
7. Total from additional pages (if any)	11,446
8. Total of Lines 1 through 7	100,782
Enter the Total from Line 8 in ↑ Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. UBC Grant	335,000
2. Bookkeeping Revenue	6,653
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	341,653
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Affiliations	42,199
2. Convention Expenses	109,814
3. Conferences & Seminars	41,531
4. Travel	59,867
5. Other Council expenses	5,951
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	259,362
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
MIDWESTERN INDUSTRIAL COUNCIL

ENDING DATE OF PERIOD COVERED:
6/30/01

FILE NUMBER: 015-226

PAGE 1 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: SEAY First Name: LARRY Title: TRUSTEE Status: C		2843	0	1411	0	4254
Last Name: KOENIG First Name: KEN Title: VICE PRESIDENT Status: N		0	0	0	0	0
Last Name: GRUND First Name: DIANE Title: TRUSTEE Status: N		0	0	0	0	0
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Totals		2,843	0	1,411	0	4,254

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

ORGANIZATION NAME:
MIDWESTERN INDUSTRIAL COUNCIL

ENDING DATE OF PERIOD COVERED:
6/30/01

FILE NUMBER: 015-226

PAGE 2 OF 2 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>SCHRAGE</div> <div>RHONDA</div> <div>ADMINISTRATIVE</div> <div></div> </div>		31200	0	1775	0	32975
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>BAERTHEL</div> <div>LEO</div> <div>ORGANIZER</div> <div></div> </div>		49400	0	3848	0	53248
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>SALTWEDEL</div> <div>ROGER</div> <div>ORGANIZER</div> <div></div> </div>		49400	0	2837	0	52237
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>WENDT</div> <div>DOUG</div> <div>ORGANIZER</div> <div></div> </div>		36810	0	2579	0	39389
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div></div>						
Totals		166,810	0	11,039	0	177,849

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____						
Totals						

Midwestern Industrial Council

Form LM-2

6/30/01

Schedule 7 - Purchase of Investments and Fixed Assets

Description (A)	Cost (B)	Book Value (C)	Cash Paid (D)
Consolidated Edison Co. 6.375% note	36,603	36,603	36,603
GMAC 6.15% note	50,004	50,004	50,004
	<u>86,607</u>	<u>86,607</u>	<u>86,607</u>

Schedule 11 - Benefits

Description (A)	To Whom Paid (B)	Amount (C)
Insurance	Various	<u>3,757</u>

Schedule 13 - Office & Administrative Expense

Description (A)	Amount (B)
Committee expenses	5,205
Subscriptions	2,195
Temporary organizing	4,046
	<u>11,446</u>

